

### **2014 Convention Program Summaries**

For those of you who either couldn't make it to the annual convention or attend every workshop we asked presenters to share summaries of their programs in the newsletter.

Thank you to those of you who allowed us to include these in our newsletter!

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#### **Intensive Treatment Programs at University Counseling Centers**

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**Program Abstract:** Intensive Outpatient Programs (IOP) or Intensive Treatment Programs are



commonly used in community mental health agencies and may be a much needed addition to university counseling centers, as they offer a more intensive level of structure and support through an organized, wrap-around approach. This program will explore what common IOPs look like in community mental health settings and how these can be adapted to fit a university counseling center, through an empowerment, non-coercive lens.

**Program Description:**

Introduction (including purpose and rationale and an explanation of how this program connects to the professional competency/competencies you have previously selected);

University personnel across the country are well aware of the increase in mental health needs on their campuses. The American College Health Association (ACHA) reports in their annual survey that in the last 12 months: 21% of student report feeling things were hopeless, 22% report feeling very lonely, 16% report feeling so depressed it was difficult to function, 4.6% report seriously considering suicide, 3.2% report engaging in self injury, and 36% report doing something they later regretted due to drinking alcohol. Thankfully, university personnel continue to receive training in how to recognize signs of distress in students and work with their university counseling centers to refer these students for services. The Association for University and College Counseling Center Directors (AUCCCD, 2012) report that students'

thoughts of suicide are up, staffing continues to be strained, large institutions struggle to maintain the proper professional-to-student ratio (one clinician for every 1,500 students), rural centers having few options when they are overloaded with clients and need to refer students off campus, more students presenting with severe psychological problems, staff responsibilities extending far beyond counseling alone, and budgets and staff levels are tenuous.

These strains have led university and college counseling centers to become more innovative and creative in serving their campus communities. The majority of counseling centers continue to provide individual and couples therapy as a standard part of their operations. Other centers have begun adapting their approaches to include online resources and “apps,” computerized biofeedback systems, while also enhancing their workshop and group programs (AUCCCD, 2012; Kitzrow, 2003; Much & Swanson, 2010). While counseling resources have been helpful for the majority students seeking services, centers are finding that available university counseling services are not effective for a subset of the student population. Several counseling centers have presented at conferences over the past 3-5 years regarding experimenting with the implementation of Dialectical Behavioral Therapy (DBT) groups and programs. Some of these centers have also begun working on publications regarding their findings with the use of DBT programs in their university counseling centers to assist sister centers who are also faced with this increase in severity and demand (Engle, Gadischkie, Roy, & Nunziato, 2013).

While DBT programs are extremely helpful and becoming more needed in the university setting, a counseling center at a large university in the South East is exploring the development and use of a more inclusive program. A variation of an Intensive Outpatient Program (IOP) or Intensive Treatment Program, commonly used in community mental health agencies, may be a much-needed addition to university counseling center services. IOPs are designed to promote functioning by offering a more intensive level of structure and support than was previously available (Fisher, 2009). Many IOPs include an organized, wrap-around approach to assist this subset of clientele that includes services that most counseling centers already provide (i.e. individual counseling, process groups, skills/DBT groups, medication management services, etc.). Organizing and providing a systematic approach to these services, while considering the inclusion of additional services (e.g. peer support), may assist centers in decreasing the numerous clinical hours needed to manage both the crises themselves and their aftermath. This program will explore through the use of both didactic and interactive presentation approaches: what common IOPs look like in community mental health settings and how these can be adapted to fit a university counseling center, areas explored by this university counseling center’s IOP task force, the need for intermediary services between inpatient hospitalization and standard counseling services, the importance of empowerment-based models, non-coercive and non-mandated services, and recovery support communities through the inclusion of a peer support component..

Presenters are doctoral clinical faculty, co-direct a crisis and emergency center at a large academic institution, and lead the center’s IOP task force. They teach and provide supervision in crisis intervention and consultation and offer trainings on suicide prevention, conflict

management, and involuntary hospitalization. Collectively they have over 15 years of experience in crisis intervention, behavioral consultation, and trauma-responsive counseling in higher educational settings, and 12 years in community crisis counseling and consultation services. Presenters are active members of a multidisciplinary threat assessment team and work extensively with and provide training to law enforcement, faculty, staff, and community members on effective intervention with distressed and disturbed persons. They have presented nationally on the counselor's role in behavioral health consultation and risk assessment and have spoken on expert panels regarding successful mental health/law enforcement collaborations.

#### References

American College Health Association

Association of University and College Counseling Center Directors

Engle, E., Gadischkie, S., Roy, N., & Nunziato, D. (2013). Dialectical behavior therapy for a college population: Applications at Sarah Lawrence College and beyond. *Dialectical Behavior Therapy, 27*, 11-30.

Fisher, G. L. (2009). *Encyclopedia of substance abuse prevention, treatment, and recovery*. Sage Publications, Inc.

Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations, *NASPA Journal, 41*, 165-179.

Much, K. & Swanson, A. L. (2010). The debate about increasing college student psychopathology: Are college students really getting "sicker?" *Journal of College Student Psychotherapy, 24*, 86-97.

#### Learning objectives

- 1) Increase awareness of the nature, types, and trends of client concerns at university counseling centers (UCC);
- 2) Provide information on current UCC treatment options and the need for increased, intensive treatment options
- 3) Provide information on the areas explored in a yearlong task force assessing the need for and developing criteria for a UCC Intensive Treatment Option